Application or Docket Number

Effective October 1, 2001								10/079388					
		CLAIMS A		FILED - PART I (Column 1)		(Column 2)		ALL ENTITY		OR	OTHER THAN		
TOTAL CLAIMS			35					E F	ΈE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 37	0.00	ОЯ	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			3 5 minus 20=		15		X\$ 9	=		OR	X\$18=	270	
INDEPENDENT CLAIMS			5 minus 3 =		2.		X42			OR	X84=	168	
MULTIPLE DEPENDENT CLAIM PRESENT							+140	_		OR	+280=	7.00	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOTA			OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								LL ENT	ΊΥ	OR	OTHER SMALL		
ALNI		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.35	Minus	** 4	35	= /	X\$ 9	=	1	OR	X\$18=	1	
AME	Independent	.5	Minus	***	5	- /	X42	-	\mathcal{T}	OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140	=	7	OR	+280=		
							TO ADDIT, F	TAL (TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT.	· E E			ADDI1. 1 CC		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 29	Minus	3	35	- /	X\$ 9	=	1	OR	X\$18=	1	
AME	Independent	1. 4	Minus	***	5	= /	X42	-	T	OR	X84=		
	FIRST PHESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+140	=		OR	+280=	7	
							TO ADDIT. F	AL	/	OR	TOTAL ADDIT. FEE	Į.	
		(Column 1)		(Colu	mn 2)	(Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	PATI	E TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE	
MON	Total	. 3	Minus	- 3	5	= /	X\$ 9	=		OR	X\$18=		
ME	Independent		Minus	***	5	= /	X42:			OR	X84=		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	T CLAIM	/	+140	= _		OR	+280=		
•	If the entry in colu	ımn 1 is less than t ımber Previously P	he entry in col	umn 2, write	e "0" in co	lumn 3. in 20. enter *20.	TO:		\top	OR	TOTAL ADDIT. FEE		

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/01)